

CV-11-5946

CIVIL RIGHTS COMPLAINT
42 U.S.C. § 1983FILED
IN CLERK'S OFFICE
U.S. DISTRICT COURT E.D.N.Y.

★ DEC 05 2011 ★

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORKLONG ISLAND OFFICE
SEYBERT, J
WALL, M.J.ALLAH F. Justice 11007227
Full name of plaintiff/prisoner ID#

Plaintiff,

JURY TRIAL DEMAND
YES ☒ NO ☐

-against-

C/O MAYO
Sheriff SpasatoEnter full names of defendants
[Make sure those listed above are
identical to those listed in Part III.]

Defendants.

I. Previous Lawsuits:

- A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action or otherwise relating to your imprisonment? Yes (✓) No ()
- B. If your answer to A is yes, describe each lawsuit in the space below (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline.)

1. Parties to this previous lawsuit:

Plaintiffs: ALLAH F. JusticeDefendants: CORPORAL MCGOVERN C/O
Sheriff SPASATO2. Court (if federal court, name the district;
if state court, name the county)EASTERN3. Docket Number: CV-11-5076 (JS) (WDW)

4. Name of the Judge to whom case was assigned: Seybert

5. Disposition: (for example: Was the case dismissed? Was it appealed? Is it still pending?)

Still Pending

6. Approximate date of filing lawsuit: 10/12/11

7. Approximate date of disposition: _____

II. Place of Present Confinement: NASSAU COUNTY CORRECTIONAL CENTER

A. Is there a prisoner grievance procedure in this institution? Yes (☒) No ()

B. Did you present the facts relating to your complaint in the prisoner grievance procedure? Yes (☒) No ()

C. If your answer is YES,

1. What steps did you take? I filed A grievance
And was ^{told} by the grievance officer
that they would not go against their own

2. What was the result? Grievance was denied as
non grievable issue on 11/21/11.

D. If your answer is NO, explain why not _____

E. If there is no prison grievance procedure in the institution, did you complain to prison authorities? Yes () No ()

F. If your answer is YES,

1. What steps did you take? _____

2. What was the result? _____

III. Parties:

(In item A below, place your name in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.)

A. Name of plaintiff ALLAH F Justice

Address 100 CARMAN AVE EAST MEADOW N.Y 11554

(In item B below, place the full name and address of each defendant)

B. List all defendants' names and the addresses at which each defendant may be served. Plaintiff must provide the address for each defendant named.

Defendant No. 1

C/O MAYO
100 CARMAN AVE N-C-C-C
EAST MEADOW N.Y 11554

Defendant No. 2

Sheriff SPASATO
100 CARMAN AVE N-C-C-C
EAST MEADOW N.Y. 11554

Defendant No. 3

Defendant No. 4

Defendant No. 5

[Make sure that the defendants listed above are identical to those listed in the caption on page 1].

IV. Statement of Claim:

(State briefly and concisely, the facts of your case. Include the date(s) of the event(s) alleged as well as the location where the events occurred. Include the names of each defendant and state how each person named was involved in the event you are claiming violated your rights. You need not give any legal arguments or cite to cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. You may use additional 8 ½ by 11 sheets of paper as necessary.)

ON 11/3/11 I WAS CALLED DOWN TO THE MEDICAL DEPT. TO SEE THE DOCTOR BECAUSE OF A HAND INJURY THAT I HAVE. WHILE I WAS DOWN THERE ABOUT FIFTEEN MINUTES I WAS TOLD BY C/O MAYO THAT SHE WAS SENDING ME BACK TO MY DORM WHEN I ASKED HER WHY SHE RESPONDED ME WITH SHE DIDN'T HAVE TO EXPLAIN HERSELF TO ME AND TOLD ME TO GO BACK TO MY DORM. 11/23/11

IV. A If you are claiming injuries as a result of the events you are complaining about, describe your injuries and state what medical treatment you required. Was medical treatment received?

V. Relief:

State what relief you are seeking if you prevail on your complaint.

one Million Dollars for me being denied
Medical Attention by NASSAU county Jail
Staff. 11/23/11

I declare under penalty of perjury that on Nov. 23rd 2011 I delivered this
(Date)
complaint to prison authorities to be mailed to the United States District Court for the Eastern
District of New York.

Signed this 23rd day of November, 2011. I declare under penalty of
perjury that the foregoing is true and correct.

Allan J. J. J.
Signature of Plaintiff

NASSAU COUNTY CORR. CENTER
Name of Prison Facility

100 CARMAN AVE

EAST MEADOW N.Y.

11554
Address

11007727
Prisoner ID#